

Welcome to Medicaid

Presenters (In Order of Appearance)								
Cindy Craig	Contracts							
Ken Lowery	Provider Enrollment							
Ellen Silverman	Fee Schedule, Provider Guide and Codes							
Tammy Frahman	Prior Authorization for ABA Providers							
Gail Kreiger	Pathway to Care							
Ed Hicks	Provider Relations							

Medical Rules and Policies

<u>Title 182 Washington Administrative Code</u> (WAC)

WAC regarding Prior Authorization Process <u>182-501-0163</u>



Agenda for ABA Services Webinar

- A. Welcome
- B. Contract requirement prior to Medicaid enrollment
- C. Medicaid Enrollment
 - a. Requirements
 - b. Tools
 - c. ProviderOne reviewing status of Prior Authorization
 - i. Where to access online ProviderOne training
- D. Fee schedule and Medicaid Provider Guide
- E. Pathway to Care
- F. Case Management
- G. Prior Authorization
- H. Provider Relations overview
- Questions and Answers
- J. Closing





Webinar for ABA Service Providers: Working with Medicaid



Contracts with ABA Providers

Cindy Craig Healthcare Benefits and Util. Mgmt Healthcare Services

Why do I need a contract?

- Healthcare Authority (HCA) requires a contract to provide services.
- A contract with HCA serves as a short-term bridge which can allow:
 - Your staff to provide services to Medicaid clients while you complete enrollment as a Medicaid Provider.
 - A means to reimburse you for services.
- Once you are an enrolled Medicaid Provider, the contract will be terminated.

ABA Provider Requirements to Work with Medicaid

Providers:

- Can be an individual or an entity.
- Must be licensed through the Department of Health (DOH).
- Meet qualifications.

Licensure

 Directly licensed entity and/or individuals with DOH.

OR

- Become a Department of Behavioral Health & Recovery (DBHR) affiliated agency so staff can be licensed as Agency Affiliated Counselors.

Contract

- Licensed DOH Providers need a contract to provide services if not enrolled as a Medicaid Provider.
- Is issued after Provider submits its DBHR application fee.



Email the following required information to start the contracting process

Contractor Information

- Legal Name of Contractor
- Contract Manager Name
- Contract Manager Email/Telephone #
- Mailing Address/Physical Address
- Website address
- Ages of children served
- Service area
- Names of service providers

- Certificate of Coverage Professional Liability Insurance
- UBI number (http://bls.dor.wa.gov/file.aspx)
- Copy of W-9 with Federal Tax ID
- NPI number
- https://nppes.cms.hhs.gov/NPPES/W elcome.do
- Statewide Vendor Number
 http://www.ofm.wa.gov/isd/vendors.
 asp
- Copy of DOH entity licensure or confirmation from DBHR of receipt of application fee.





Enrolling an ABA Provider with Medicaid

Ken Lowery Healthcare Benefits and Util. Mgmt Healthcare Services

Scope of Being a Medicaid Provider

 Regence, Group Health, Public Employee Benefits Board (PEBB) plans, these plans are not Medicaid

Enrolling with Medicaid doesn't enroll you with PEBB.

Same agency different plans

To Qualify for Medicaid Enrollment

ABA Providers must be licensed by DOH or DBHR;

AND

- Each staff member working with Medicaid clients must have:
 - DOH licensure; and
 - an independent National Provider Identifier known as (NPI) number

Taxonomy

- Taxonomy is an alpha numeric number that describes what type of provider you are.
- Need to obtain one by enrolling with the NPPES (National Plan and Provider Enumeration System) website.
- HCA will require your taxonomy when registering to bill in Provider One.
- Taxonomy should reflect DOH credential, or a behavior analyst if you're an Agency Affiliated Counselor

Types of Providers Enrolled for ABA Services

- Independent Providers: Individual providers who are licensed through DOH and can practice independently.
 - Group Providers: Individual providers who form a practice group.
- Agency Providers: Professional clinics, homehealth, institutions licensed by DOH or DBHR.

Independent Practitioners

- Licensed by DOH
- Can Practice Independently, or
- Form Group Practice

Examples of DOH Licensed Independent Practitioners

RCW

- 18.19 Counselors.
- 18.35 Hearing and speech services.
- 18.59 Occupational therapy.
- 18.71 Physicians.
- 18.71A Physician assistants.
- 18.74 Physical therapy.
- 18.79 Nursing care (ARNP)
- 18.83 Psychologists.
- 18.225 Mental health counselors, marriage and family
 - therapists, social workers.
- 18.32 Social workers.



Agency Enrollment Requirements

- Agencies must have licensure from:
 - DOH or
 - DBHR as a Community Mental Health Agency
- Employ:
 - Providers who possess qualified licensure from DOH (RCW 18.)
 - Or Credentialed Agency Affiliated Counselors

Agency Affiliated Counselor standards

- One license per person.
- Is associated only with agency where the person is employed.
- Non-transferable.
- Can be employed by only one agency at a time.

Agencies/Groups

- You must provide HCA the following information to enroll BCBA and other staff:
 - First, middle and last name.
 - Social Security number
 - Gender
 - Date of birth
 - NPI
 - Copy of DOH licensure for the individual.
 - Letter of Attestation, where applicable.



Provider Enrollment Process

- Health Care Authority receives all forms and documentation.
- Health Care Authority enrolls provider into ProviderOne.
- ProviderOne: Health Care Authority's payment system.
 - Check client eligibility
 - Submit claims
 - Review payments
 - Update provider files
- Provider receives paperwork to establish security for ProviderOne.
- Submits security paperwork to establish credentials to log in.
- Agencies and groups add employees and contractors after group or agency is enrolled.
- New additions, or deletions, can be made at anytime.



Documents to be submitted with Original Signature

- Core Provider Agreement
- Debarment Form
- Ownership
 - Agencies required to submit additional information about Board of Directors

http://hrsa.dshs.wa.gov/provider/newprovider.shtml



Supporting Documents

- If you have previously submitted documents, HCA will coordinate, otherwise provide:
 - W9-IRS form
 - Proof of Liability Insurance
 - AGENCIES: Proof of DBHR or DOH licensure
 - INDEPENDENT PRACTITIONERS: DOH licensure
 - Business License: UBI number with the state of Washington





Review of Fee Schedule, Provider Guide and Codes

Ellen Silverman, RN, Ph.D., CPC Clinical Consultant, Supervisor Healthcare Benefits and Util. Mgmt

ABA Treatment Fee Schedule

ABA Treatment Fee Schedule Effective January 1, 2013

Link to Legend

	ABA Treatment: Home & Community Based Setting and Clinic Setting									
Code SI	Procedure Code/Rev Code	Mod	Brief Descriptions	Max Allowable Fee	PA?	Comments				
	Functional Assessment and Analysis									
	H0031		Functional Assessment/Analysis	\$200.00		Limit 1 assessment per year				
	H0031	TS	Functional Assessment/Analysis Follow Up	\$100.00	PA	Limit 4 follow up assessments per year				
	Treatment Plan Development									
	H0032		Treatment Plan Development	\$200.00		Limit 1 treatment plan per year				
	H0032	TS	Treatment Plan Development Follow	\$100.00	PA	Limit 4 treatment plan modifications per year				
			Program Su	pervision						
	H0046 Program Supervision				PA	Per 15 min.				
	Parent Training									
			Click Here For 0	Group Rates						
	S5111		Parent Training	\$50.00	PA	Per visit				
	ABA Treatment, Home and Community Based Setting									
			Click Here For 0	Group Rates						
	H2014	HP	Skills train and dev, 15 min	\$10.00	PA	Per 15 min.				
	H2014	НО	Skills train and dev, 15 min	\$8.75	PA	Per 15 min.				
	H2014	HN	Skills train and dev, 15 min	\$7.50	PA	Per 15 min.				
	H2014	НМ	Skills train and dev, 15 min	\$5.00	PA	Per 15 min.				
			ABA Treatment - Day Pro	ogram, Clinic S	Setting	*				
	H2020		Ther behav svc, per diem	\$506.92	PA	Per Diem				
		A	BA Treatment: Day Program,	Outpatient l	Hospi	tal Setting*				
	H2020 / 0509		Ther behav svc, per diem	\$506.92	PA	Per Diem				

^{*} Program must be approved by HCA

Status Indicators Modifiers: Legend:

D = Discontinued / Deleted Code

TS = Follow Up Service

PA = Written / Fax Prior Auth

 $\begin{aligned} & N = \text{New Code} & & \text{HP} = \text{Doctoral Degree} \\ & P = \text{Policy Change} & & \text{HO} = \text{Masters Degree} \\ & R = \text{Rate Update} & & \text{HN} = \text{Bachelors Degree} \end{aligned}$

HM = Less than Bachelors



ABA Treatment-Group Setting Fee Schedule

	Effective January 1, 2013											
							Link	to Legend				
Code SI	Procedure Code/Rev Code	Mod 1	Mod 2	Brief Descriptions	Fee per Client	Fee per Group*	PA?	Comments				
	Parent Training, Group Setting											
				Click Here for Individual	Rates			ĺ				
		UN	N/A	Parent Training	\$40.00	\$80.00	PA	Per visit				
		UP	N/A	Parent Training	\$36.00	\$108.00	PA	Per visit				
	S5111	UQ	N/A	Parent Training	\$32.40	\$129.60	PA	Per visit				
		UR	N/A	Parent Training	\$29.16	\$145.80	PA	Per visit				
		US	N/A	Parent Training	\$23.33	\$139.97	PA	Per visit				
	ABA Group Treatment, Home and Community Based Setting											
				Click Here for Individual	Rates							
		HP	UN	Skills train and dev, 15 min	\$8.00	\$16.00	PA	Per 15 min.				
		HP	UP	Skills train and dev, 15 min	\$7.20	\$21.60	PA	Per 15 min.				
	H2014	HP	UQ	Skills train and dev, 15 min	\$6.48	\$25.92	PA	Per 15 min.				
		HP	UR	Skills train and dev, 15 min	\$5.83	\$29.16	PA	Per 15 min.				
		HP	US	Skills train and dev, 15 min	\$5.25	\$31.49	PA	Per 15 min.				
		НО	UN	Skills train and dev, 15 min	\$7.00	\$14.00	PA	Per 15 min.				
		НО	UP	Skills train and dev, 15 min	\$6.30	\$18.90	PA	Per 15 min.				
	H2014	НО	UQ	Skills train and dev, 15 min	\$5.67	\$22.68	PA	Per 15 min.				
		НО	UR	Skills train and dev, 15 min	\$5.10	\$25.52	PA	Per 15 min.				
		НО	US	Skills train and dev, 15 min	\$4.59	\$27.56	PA	Per 15 min.				
		HN	UN	Skills train and dev, 15 min	\$6.00	\$12.00	PA	Per 15 min.				
		HN	UP	Skills train and dev, 15 min	\$5.40	\$16.20	PA	Per 15 min.				
	H2014	HN	UQ	Skills train and dev, 15 min	\$4.86	\$19.44	PA	Per 15 min.				
		HN	UR	Skills train and dev, 15 min	\$4.37	\$21.87	PA	Per 15 min.				
		HN	US	Skills train and dev, 15 min	\$3.94	\$23.62	PA	Per 15 min.				
		HM	UN	Skills train and dev, 15 min	\$4.00	\$8.00	PA	Per 15 min.				
		HM	UP	Skills train and dev, 15 min	\$3.60	\$10.80	PA	Per 15 min.				
	H2014	HM	UQ	Skills train and dev, 15 min	\$3.24	\$12.96	PA	Per 15 min.				
		HM	UR	Skills train and dev, 15 min	\$2.92	\$14.58	PA	Per 15 min.				
		HM	US	Skills train and dev, 15 min	\$2.62	\$15.75	PA	Per 15 min.				
* Grou	ıp fees are sl	hown for	illustrat	ion only. Providers must bill	per client.							
<u>Status Indicators</u> <u>Modifiers:</u> <u>Legend:</u>						_						
			HP = Doctoral Degree	UN = 2 clients served PA = Written								
Deleted Code HO = Masters Degree UP = 3 clients set							Prior A	uth				
	ew Code			HN = Bachelors Degree UQ = 4 clients so								
	olicy Change	;		HM = Less than Bachelors								
R = R	R = Rate Update US = 6+ clients served											





Prior Authorization for ABA Providers

Tammy Frahman Authorization Services Office Eligibility Policy and Service Delivery Tuesday, February 5, 2013

How to submit ABA service prior authorization requests and documentation requirements

- Two forms are required:
 - 1. General Information for Authorization (13-835).
 - Must be typed and serves as the coversheet when faxing in your request to the 866 number.
 - Do not use any other fax coversheet.
 - 2. Applied Behavior Analysis (ABA) Level of Support Requirement (12-411)
- <u>In addition to the forms above the following information is also required:</u>
 - A copy of the center of excellence (COE) evaluation
 - The prescription for ABA services
 - The Board Certified Behavior Analyst's (BCBA) assessment with the functional analysis, if completed; and
 - BCBA's treatment plan.



How to submit ABA service prior authorization requests and documentation requirements

Once you have all the information fax your request (single sided) into the HIPPA Secure ProviderOne fax line at: 866-668-1214

Mail your request to: Medical Authorization Unit

PO Box 45535

Olympia, WA 98504-5535

- When submitting a new request to continue services please submit the request 15-20 days prior to the expiration date of the current authorization end date for continuity of care.
- Also, the 13-835 does not allow for more the 1 modifier to add additional modifiers please utilize box 30 (Comments Box) or Box 25 (DME part # box).
- Do not use column #24 to record \$ amount being requested.
- Use column #23 to record # of units being requested.



Pre-Authorization Form Example

Washington State Health Care Authority

General Information for Authorization

Org 1.	325					Serv	ice Type	2. IH		
J. J	020				Client I			2		
Name		3. LAST N	AME, F	TRST NA	ME	Clier	ntID	4. 123456789WA		
Living Arra	angements	5.				Refe	rence Auth #	6.		
					Provider	Inform	ation			
Requestin	g NPI#	7. 1012345	678			Requ	iesting Fax #	8. 360-123-4567		
Billing NPI # 9. 1012345678		Nam	e	10. Name of Provider						
Referring	NPI #	11. 101324	6785			Refe	rring Fax #	12. 206-123-4567		
Service Sta Date:	art	13. TBD						14.		
				Se	rvice Requ	iest Inf	ormation	•		
Descriptio	n of service be Services	eing requeste	d:			16.		17.		
18. Serial/	NEA or MEA #	#				19.		1		
20. Code Qualifier	21. Nationa Code	22. Mod		Jnits/Days equested	24. \$ Am Reques			25. Part # (DME Only)	26. Tooth or Quad #	
P	H2014	HP		2				(Mod Here)		
P	H2014	но		4				(Mod Here)		
						E				
			_	T 5:	Medical		ition			
Diagnosis Code 27, 123,4 Diagnosis name Place of service 29, 12					is name	28.				
		29. 12	-							
30. Comm	nents:or p	olace additio	nal mod	lifiers here	followed	by the	ine number (i.e. ac	dd MOD UN linel, MOD U	UR line 2)	

http://hrsa.dshs.wa.gov/mpforms.shtml

Please Fax this form and any supporting documents to 1-866-668-1214.

The material in this facsimile transmission is intended only for the use of the individual to who it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. <u>HIPAA Compliance</u>: Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to see insurance payment, or to perform other specific health care operations.



Pre-Authorization Form Example

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME		ACTION	ation for Authorization for				
	12 202		ALL FIELDS MUST BE TYPED.					
1	Org (Required)		Enter the Number that Matches the Program/Unit for the Request					
		<		BA Services				
			501 – D					
				urable Medical Equipment (DME))			
			504 – Home Health 505 – Hospice					
			506 – Inpatient Hospital					
			508 – Inpatient nospital					
			509 – Medical Nutrition					
				Outpt Proc/Diag				
				hysical Medicine & Rehabilitation ging and Disability Services Adm				
			514 – A		iiiistiatioii	(ADOA)		
				espiratory				
				laternity Support				
				hemically-Using Pregnant Wome	en's Progra	am (CUP)		
	<u> </u>			oncurrent Care				
2	Service Type (Required)			e letter(s) in all CAPS that repres				
				elected "325 -ABA Services" for or this field:	neia #1, pl	lease select one of the following		
			IH	In Home/Community/Office				
			DAYP	for Day Program)			
				e letter(s) in all CAPS that repres	ent the se	nice type you are requesting		
						elect one of the following codes for		
			this field		, p.ouco c	olociono el alo lono ming obaco lo.		
			ASC	for ASC	OUTP	for Out-Patient		
			CWN	for Crowns	PSM	for Perio-Scaling/Maintenance		
			DEN	for Dentures	PTL	for Partial		
			DP ERSO	for Denture/Partial for ERSO-PA	RBS RLNS	for Rebases for Relines		
			IP	for In-Patient	MISC	for Miscellaneous		
			ODC	for Orthodontic	IVIIOO	ioi iviiocenaricous		
			If you selected "502 – Durable Medical Equipment (DME)" for field #1, please select					
			one of the following codes for this field:					
			AA	for Ambulatory Aids	os	for Orthopedic Shoes		
			BB	for Bath Bench	OTC	for Orthotics		
			BEM	for Bath Equipment (misc.)	OP	for Ostomy Products		
			BGS	for Bone Growth Stimulator		for Other DME		
			BP C	for Breast Pump for Commode	OTRR PL	for Other Repairs for Patient Lifts		
			CG	for Compression Garments	PWH	for Power Wheelchair - Home		
			CSC	for Commode/Shower Chair	PWNF			
			DTS	for Diabetic Testing	PWR	for Power Wheelchair Repair		
				Supplies (See Pharmacy Billing Instructions for POS	PRS	for Prone Standers		
				Billing)	PROS RE	for Prosthetics		
			ERSO		SC	for Room Equipment for Shower Chairs		
	1		FSFS	for Floor Sitter/Feeder Seat	SBS	for Specialty "Beds/Surfaces		
			НВ	for Hospital Beds	SGD	for Speech Generating Devices		
			HC	for Hospital Cribs	SF	for Standing Frames		
			IS MWH	for Incontinent Supplies for Manual Wheelchair -	STND	for Standers		
			.*****	Home	TU US	for TENS Units		
			MWNF			for Urinary Supplies for VAC/Wound - decubitisupplies		
			MWR	for Manual Wheelchair	MISC	for Miscellaneous		
				Repair	00			



ABA Therapy Services Modifier Examples

Form 13-835 #22 only allows 1 modifier. Here are options to add the second modifier.

- In box (#25) next to the line. Example: add Mod: UN
- In Comments box (#30): add Mod: UN for line 1. Add Mod: UR for Line 2

				Se	rvice Req	uest In	formation			
Description	of service bein	g requeste	d:							
15. ABA Services							17.			
18. Serial/NEA or MEA#						19.	19.			
20. Code Qualifier	21. National Code	22. Mod	22. Mod 23. # Units/Days Requested			ount sted	25. Part # (DME Only)	26. Tooth or Quad #		
P	H2014	HP		2			(Mod Here)			
P	H2014	но		4			(Mod Here)			
					Medical	Inform	ation			
Diagnosis Code 27. 123.4 Diagnosis name						28.				
Place of service 29. 12										
30. Comments:or place additional modifiers here followed by the line number (i.e. add MOD UN line1, MOD UR line 2)										

http://hrsa.dshs.wa.gov/mpforms.shtml

Please Fax this form and any supporting documents to 1-866-668-1214.

See the ABA Program Billing Guide and Fee Schedule for Modifier descriptions



Level of Support Requirement

Washington State Health Care Authority

■ New Request

Applied Behavior Analysis (ABA) Level of Support Requirement

Please fax response to: 1-866-668-1214, Attn: Medical Request Authorization Unit

Please provide the information below. PRINT your answers, attach the required supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. Without this information, the request may be denied in 30 days.

■ Extension

To the state of th	DROUBERONE OF IENERIE						
QUEST CLIENT NAME	PROVIDERONE CLIENT ID						
SNAME	BILLING PROVIDER NPI NUMBER						
SHAME	DECING PROVIDER NET NOWIGER						
ENUMBER FAX NUMBER	DIAGNOSIS CODE						
Symptom Severity Level Assessment							
em, rate the child's current behavior over the past two weeks, taking into a	ccount all available information.						
	-1-						
Social communication and interaction	0.1.2 or 3						
Impairments in the use of eye contact during social interactions	,,,						
Deficits in the use of facial expressions to communicate							
Lack of or reduced use of gestures to communicate							
Impairments in back-and-forth conversation (relative to language level)							
Lack of, reduced, or impaired responses to social initiations of others (e.g.,	responding to name,						
acknowledging others)							
Lack of or reduced interest in peers (relative to developmental level)							
Delays in, or lack of, varied age-appropriate play with peers							
Social com	munication subtotal:						
Restricted, repetitive patterns of behavior, interests, and activities	0, 1, 2 or 3						
	r volume)						
Has repetitive body mannerisms							
	tensity)						
	Behavioral subtotal:						
Disruptive behavior	0, 1, 2 or 3						
Engages in aggressive and/or destructive behaviors toward self, others, or of If scare > 0, please list behaviors below (e.g. self-injury, elapement propert)							
	Symptom Severity Level Assessment em, rate the child's current behavior over the past two weeks, taking into a nairment (age appropriate or typical behavior); npairment (behavior that is occasionally disruptive to everyday functioning); ate impairment (behavior that is cocasionally disruptive to everyday functioning); ate impairment (behavior that is consistently disruptive to everyday functioning); ate impairment (behavior that is consistently disruptive to everyday functioning) Social communication and interaction Impairments in the use of eye contact during social interactions Deficits in the use of facial expressions to communicate Lack of or reduced use of gestures to communicate Lack of or reduced use of gestures to communicate Impairments in back-and-forth conversation (relative to language level) Lack of, reduced, or impaired responses to social initiations of others (e.g., acknowledging others) Lack of, reduced, or impaired initiations of interactions with others Lack of or reduced interest in peers (relative to developmental level) Reduced preference for some peers over others/impaired friendships Delays in, or lack of, varied age-appropriate play with peers Social com Restricted, repetitive patterns of behavior, interests, and activities Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm o Has repetitive body mannerisms Uses objects in a repetitive or rigid manner Reacts negatively to changes in schedule/on sameness Has behavioral rituals Has verbal rituals (e.g., has to say things, or have others say things, in a part Has specific interests that are unusual in focus (e.g., traffic lights, streetsig Has specific interests that are unusual in intensity (e.g., hobby of unusual in Engages in a limited range of activities/Has a limited behavioral repertoire Shows hypo-reactivity to sensory input Shows hypo-reactivity to sensory input Shows unusual sensory interests and preferences						

Scoring directions

Calculate social communication subtotal: Sum the 9 questions in Domain 1.

Calculate behavioral subtotal: Sum the 12 questions in Domain 2.



How to submit additional information to an existing authorization when ABA services request has been pended.

 There must ALREADY be a request in the system to use instructions on the following slides. This is to ADD additional information to a pending request ONLY, NOT to submit a new request. If the request has been denied then you do have to submit a new request, these instructions will not apply.

How to submit additional information to an existing authorization when ABA services request has been pended.

The following form required: Prior Authorization (PA) Pend Forms (#7):

PA Pend Forms Submission Cover Sheet

Go to ProviderOne Billing and Resource Guide: http://hrsa.dshs.wa.gov/billing/index.html

Click on "Document Submission Cover Sheets" and then select "PA (Prior Authorization) Pend Forms (#7) from the options listed.

Type the 9-digit Reference Number from your Pend letter into the "Authorization Reference#" field and hit Enter. This will expand the bar code shown.

Click on the "Print Cover Sheet" button; choose "Yes" if you're asked whether you want to allow the document to print, and use the resulting printout for your submission.

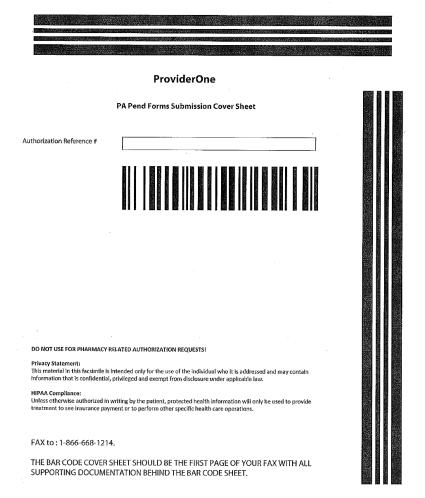
FAX the barcode sheet as the FIRST page (no coversheet) then supporting documents.

Fax to: 1-866-668-1214 and documents will be added to this authorization.

Questions, please call 1-800-562-3022 then 1, then #, then 3, dial extension 15471 between 8-11:30 Monday through Friday



Example of Pend Form.







Autism Spectrum Disorder: Pathway to ABA Services

Gail Kreiger, BSN Manager, Healthcare Benefits and Utilization Management Health Care Services

Access to ABA Services



Route to Care

Step 1*. Referral from PCP, any other health care professional, or parent for diagnostic testing, comprehensive evaluation and multi-disciplinary treatment plan

Step 2*. **Center of Excellence**Comprehensive evaluation performed;
diagnosis confirmed; treatment plan
recommends and orders ABA services



^{*} Managed care responsibility --financially and to assure it is arranged and completed

Access to ABA Services



Step 3. Child assessed by qualified, DOH licensed/certified BCBA and outcomeoriented, time limited ABA treatment plan developed

Step 4. Prior authorization for ABA services request submitted to HCA

Access to ABA Services



Step 5. Authorization determination made by HCA.

- Letters sent to:
 - ABA Provider, prescribing provider, client's family
 - DDD case worker, managed care carrier, if applicable.

Step 6. ABA services initiated

Step 7. Re-authorization required every 3-6 months, at HCA's discretion.



Ed Hicks Provider Relations Tuesday, February 5, 2013

> Who we are:

- We are a small group of 4 people.
- Ed Hicks, Gary Monroe, Matt Ashton and (unfilled position).
- Within our small group we have over 30 years experience with Medicaid billing and customer service.

- What is our function within HCA?
 - Develop Training Materials to assist medical providers/suppliers with billing the Agency for medical services or products.
 - Webinars and presentations
 - Factsheets/reference guides
 - Web pages
 - Train Medical providers/suppliers on how to use the ProviderOne system.
 - Billing (claim submission and status)
 - Eligibility checks
 - Provider file maintenance and security
 - Work referrals for billing issues sent to the unit
 - Assist Program Managers with billing for new programs or billing for changes to existing programs.



- ➤ To contact Provider Relations to set up a one on one training appointment email us at:
 - providerrelations@hca.wa.gov
- ➤ Because we are such a small unit please use the Call Center for general claims questions. If you do not agree with the Call Center answer ask that your question be referred to us for further review.
- > Contact the call center at 1-800-562-3022

The Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) establishes a set of national standards for the protection of health information. The U.S. Department of Health and Human Services (HHS) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule standards address the use and disclosure of individuals' health information-called PHI.

The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

PHI includes data that relates to:

- The individuals past, present or future physical or mental health or condition,
- The provision of health care to the individual, or
- The past, present, or future payment for the provision of health care to the individual, and
- Information that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.

- > Examples of protected health information (PHI):
 - Diagnosis codes (for client, family members or friends)
 - Medications
 - Social Security numbers
 - Names of doctors
 - Dates of treatment
 - Name of the client
 - ProviderOne ID is already HIPAA compliant.

- > When sending emails:
 - Encrypt and send the recipient a separate email with password; or
 - Remove any PHI from the document.
- > When contacting HCA we only need:
 - The claim TCN (Transaction Control Number); or
 - The client ID and Date of Service to look up information on the claim billed to the Agency.

Note: The client ID used by the Agency does not contain PHI.

- ➤ When mailing information:
 - Verify the address where you will be sending documents.
 - Remove anything that could identify the client.
 - The ProviderOne client ID is ok.
- ➤ If sending Medical claim backup information to the Agency:
 - The fax and the electronic attachment system we use are HIPAA compliant methods of transmitting information to the Agency.

Provider Webpage



Provider One Stop Shopping Website





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CMMI State Innovation Models Grant

Washington State CMMI State Innovations Grant Application Proje (Released 9/7/12)

Webinar Presentations:

- State Innovation Models (SIM) Grant Webinar (8/29/12)
- CMMI Innovation Grant Update Webinar (9/7/12)
- Stakeholder Letter of Support Template

Medicaid Formulary - Frequently Asked Questions for Providers

New enrolled provider requirements effective July 1, 2012

bout the new Medicaid requirements for <u>Ordering, Prescribing, and</u>

Emergency Room changes planned for July 1, 2012.

Medicare and Medicaid: Dual eligibles project posted.



You may also want to visit:

Budget Cuts how they affect the Medicaid Program

ProviderOne Billing and
Resource Guide an overview of
Medicaid, billing, and system
usage

ProviderOne Weekly Claims
Report

Providers can check their claim statistics by tax ID then NPI

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Join the <u>Medicaid email list</u> for providers to get the latest information specific to your business

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Note: this link is for external
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The **Medicaid Program** offers a variety of learning opportunities for providers. These include live webinars, E-learning lessons, tutorials, and manuals.

Add a DEA number to a provider file. ProviderOne has been updated to accept a provider's DEA number on their provider file in the system and the process is demonstrated in the following presentation.

· Add a DEA Number

New Tribal Billing Method Training. Provider Relations in cooperation with the Tribal program has produced a presentation explaining the new coding billing method for tribal claims.

· New Tribal Billing presentation

Medicaid Provider Relations is offering Medicaid 101 training workshops. The 2013 workshop schedule has not been established yet.

Good News, these Medicaid workshops have been approved by the AAPC as meeting the requirements for 5.0 CEU's continuing education hours. All certified coders that attend will be given a certificate of workshop completion.

The following workshop has been completed:

- · Medicaid 101 Workshop Presentation slide show
- Dental Medicaid 101 Workshop Presentation slide show

Additional Training resources include:

Operational Webinars



ProviderOne System Tutorials

You may also want to visit:

<u>Budget Cuts</u> how they affect the Medicaid Program

ProviderOne Billing and Resource Guide an overview of Medicaid, billing, and system usage

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All Webinar presentation slides have been updated to reflect the ProviderOne system changes due to the implementation of the HIPAA 5010 system format.

Applied Behavioral Analysis Center for Excellence

- · Accessing ABA Services for Clinicians
- Recorded Webinar for August 31, 2012

Contract All | Expand All

Each link below is expandable

Billing a Client

This webinar covers when a provider may be able to bill a Medicaid client for healthcare services in limited circumstances. It covers the provider's responsibilities and when a provider may need the only acceptable waiver form 13-879 (Agreement to Pay for Healthcare Services) signed by the provider and client before the service date.

- · Recorded Webinar no longer available
- Presentation
- · Review the Questions & Answers from the Webinar

Enrolling Pharmacists into ProviderOne

How to Navigate the Interactive Voice Response (IVR) System

You may also want to visit:

Budget Cuts how they affect the Medicaid Program

<u>ProviderOne Billing and</u>
<u>Resource Guide</u> an overview of Medicaid, billing, and system usage

Join the <u>Medicaid email list</u> for providers to get the latest information specific to your business

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A Provider link to ProviderOne
Note: this link is for external



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Medicaid Provider Services Links

Here are some information links that may be useful to a Medicaid Provider:

Alien Emergency Medical Program (AEM)

Authorization Services

Autism

Billing Instructions

Coordination of Benefits

Dental Services

Department of Social and Health Services

(DSHS)

Easy to find

direct links

to Medicaid

Programs

DSHS Division of Behavioral Health & Recovery

(DBHR)

Document Cover Sheets

Drug Use Assistance

Durable Medical Equipment

Electronic Health Record Incentive Program

Emergency Rooms

Federal EOB and Taxomony Code list

Federally Qualified Health Centers and Rural

Health Clinics

Frequently Asked Questions (FAQ)

Health Care Authority

Health Care Programs & Services

Healthy Options (Managed Care)

HIPAA Home Page

Hospital Payments

Interpreter Services

Kidney Disease Program

Medicaid News

Medicaid Rule Making Actions

Medicaid State Plan

Mental Health Services

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ProviderOne System Manuals

Patient Review & Coordination

<u>Program</u>

Regional Support Networks (RSN)

Substance Abuse Help

Swipe Card Readers

Tribal Health

Washington Administrative Code

(WAC)



Discovery Log





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Use the discovery log to learn about known issues in ProviderOne

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Health Care Authority

Medicaid State Plan WACs and Proposed ProviderOne has been updated to the HIPAA 5010 system format. Please check the Discovery Log or new, open, and closed ProviderOne Discoveries.

Washington State Medicaid was recently informed that during the transition with Medicare to HIPAA 5010, Medicare will only submit crossover files received from 1/1/2012 through 1/9/2012 in HIPAA 4010 format. Because Washington State is unable to support multiple HIPAA standards, these 4010 crossover files cannot be loaded and processed in ProviderOne. Since CMS is unable to resubmit these files in the 5010 format, it is important for you to monitor your remittances for expected cross-over claims during this timeframe. If you do not see your claims crossing into ProviderOne, please submit the claim to Medicaid for processing by other means (e.g. Direct Data Entry or HIPAA batch 837). We apologize for any inconvenience this may cause.

04/18/2011 - The Department recently produced a Webinar dealing with billing professional services secondary commercial insurance claims. The webinar covered billing these secondary claims without sending the EOB, sending the EOB, and billing a cross over claim that has a secondary insurance after Medicare.

Attention: All paper filers

Effective February 15, 2011, the Department will return to providers handwritten and bi-tonal Medicaid claim forms.

After February 15, all blank paper claim forms must also be commercially produced with either Sinclair Valentine J6983 or OCR Red Paper using scannable red inks. These inks cannot be duplicated by a computer printer. Attempts to use those claim forms result in a product that cannot be read properly by the Optical Character Reader feature of the scanner.

You may also want to visit:

Budget Cuts how they affect the Medicaid Program

<u>ProviderOne Billing and</u>
<u>Resource Guide</u> an overview of Medicaid, billing, and system usage

Join the <u>Medicaid email list</u> for providers to get the latest information specific to your business

ProviderOne Weekly Claims Report

Providers can check their claim statistics by tax ID then NPI

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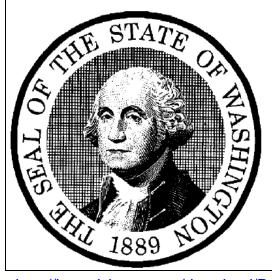


A Provider link to ProviderOne

Contact the Customer Service Center

ProviderOne Billing and Resource Guide

ProviderOne Billing and Resource Guide



This Guide:

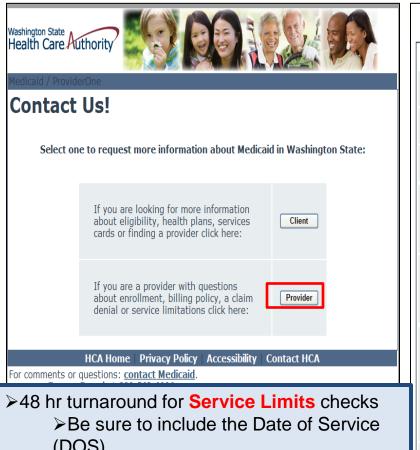
- Provides general information that applies to most Medicaid providers.
- Takes providers through the process for billing the Medicaid Program of the Health Care Authority for covered services delivered to eligible clients.

Call Center

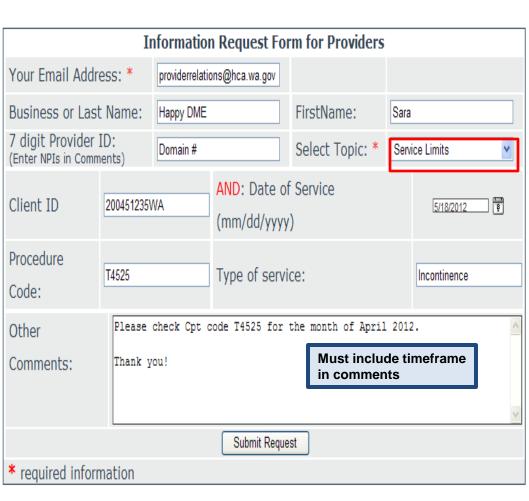
- ➤ Phone number: 1-800-562-3022
- ➤ Hours of operations: M-F 7:30-4:30
- ➤ Please be as specific as possible when calling.
 - Vague questions can receive vague answers.
 - The Call Center does not do claim status checks, this is done through the Provider Portal at the providers office.

Contact Us!

http://hrsa.dshs.wa.gov/contact/default.aspx



- (DOS)
- > Procedure Code and the date range for search
- ➤ ProviderOne Domain number



IVR

- ➤ IVR-Interactive Voice Response
 - Verify Eligibility
 - Check authorization status
 - Check claim status
 - Check warrants
- ➤ IVR is available 24 hours a day, 7 days a week.
- ➤ Instructions for using the IVR system can be found at:
 - http://hrsa.dshs.wa.gov/billing/providerone billing and resource guide.html

General Information about Medicaid

- Summarized in the ProviderOne Billing and Resource Guide http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html.
- See the Provider Training web site for links to recorded Webinars, E-Learning, and Manuals http://www.dshs.wa.gov/provider/training.shtml.

General Information about Medicaid

Provider Enrollment web page at:
http://hrsa.dshs.wa.gov/ProviderEnroll/enroll.shtml#provider.

Medicaid and Autism web page at: http://hrsa.dshs.wa.gov/abatherapy/index.html

Questions



Contact Information

Name	Division – If different than Health Benefits and Utilization Mgmt (HBUM)	How this contact can help you	Telephone	Email
Marlene Black, RN	Program Manager	Care coordination, authorizations for ABA services	360-725-1577	marlene.black@hca.wa.gov
Holly Borso/ Pete Marburger	DSHS/DBHR	DBHR/CMHA Agency licensure	360-725-1456	borsohr@dshs.wa.gov markbuph@dshs.wa.gov
Cindy Craig	Contracts	Contract in place	360-725-9961	cindy.craig@hca.wa.gov
Kerry Davis/ Tammy Frahman	Authorization Services	Pre-authorization requirements	360-725-1584 360-725-1568	kerry.davis@hca.wa.gov tammy.frahman@hca.wa.gov
Ed Hicks	Provider Training	Provider relations Billing questions	360-725-0447	Edward.hicks@hca.wa.gov
Gail Kreiger, BSN	Section Manager	Providers and client eligibility referral; Implement program	360-725-1681	aba@hca.wa.gov
Ken Lowery	Provider Enrollment	Medicaid Provider enrollment	360-725-1575	kenneth.lowery@hca.wa.gov
Ellen Silverman, Ph.D., RN	Clinical Supervision	Understanding rates and codes	360-725-1570	ellen.silverman@hca.wa.gov